BEST AVAILABLE COPY

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PATENT APPLICATION FEE DETERMINATION RECO							Application or Docket Number							
Effective November 10, 1998									09459248					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ALL PE	ENTITY	OR	OTHER SMALL			
FOR			NUMBER FILED		NUMBER	NUMBER EXTRA		TE	FEE	1 1	RATE	FEE		
BASIC FEE									380.00	OR		760.00		
TOTAL CLAIMS			minus 20= *				X\$	X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 = *				X3	X39=		OR	X78=	70		
MULTIPLE DEPENDENT CLAIM PRESENT							+13	+130=		OR	+260=	9.		
* If the difference in column 1 is less than zero, enter "0" in column 2							ТО	TOTAL		OR	TOTAL	939		
	С		S AS A mn 1)	MENDED	- PART II (Column 2)	(Column 3)	SMALL		ENTITY	OR	OTHER THAN SMALL ENTITY			
AMENDMENT A		REMA AF	NIMS NINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. /4	£	Minus	** 2	=	X\$	9=		OR.	X\$18=			
	Independent	*	ク	Minus	*** 4	= /	ХЗ	9=		OR	X Co	86		
	FIRST PRESE	NTATIO	N OF M	ULTIPLE DEF	PENDENT CLAIM	<u> </u>	+13	RO=		OR	+260=			
								OTAL		ا _م ا	TOTAL	$+ \gamma \gamma$		
٠		(0 -1)	4\		(O - I O)	(0 -1 0)	ADDIT			OR	ADDIT. FEE	JA.		
AMENDMENT B	Wit thinks		mn 1)	1.500 0.746.65	(Column 2) HIGHEST	(Column 3)				1 1	·	1 4 5 5 1		
		AF	INING TER DMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*		Minus	**	=	X\$	9=		OR	X\$18=			
	Independent	*		Minus	***]=	ХЗ	9=		OR	X78=			
	FIRST PRESE	NTATIO	N OF M	ULTIPLE DEF	PENDENT CLAIM	1				On				
•							+13			OR	+260=			
								OTAL FEE	<u></u>	OR	TOTAL ADDIT. FEE			
1	XXX		mn 1)		(Column 2)	(Column 3)								
AMENDMENT C		REMA AF	IMS INING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*		Minus	**	-	X\$	9=		OR	X\$18=			
	Independent	*		Minus	***	=	X3	g_			X78=	 		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u>^</u>	-		OR		}		
+130= OR										OR	+260=			
* If th entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If th "High st Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If th "High st Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
	The "Highest Num	iber Prei	viously Pai ously Pai	aid For" (Total or	S SPACE is less that Independent) is the	an 3, enter "3." e highest number (found in (he ap	propriate bo					

FORM PTO-875